



TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

Directions: Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☐ Water ☐ Sanitary Sewer ☐ Stormwater Drainage ☐ Sewer/Drain Inspection ☐ Driveway Work ☐ Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: _____

Select One: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____

Street Address: _____ City/Town: _____ State: _____

Primary Phone: _____ E-mail: _____

Length of Time in Business under the same Firm Name: _____

Full Name(s) of Principal(s): _____

Primary Contact Person: _____

Experience/Previous Work

Nature of Typical/Standard Work: _____

Have you ever performed this type of work in Arlington: ☐ Yes ☐ No

If Yes, Please provide Location: _____ Approximate Date: _____

Total Amount of such construction this year: _____

Total Amount of such construction last year: _____

Total Amount of such construction next previous year: _____

Municipal References - Please Attach Written Reference Letters

Municipality: _____

Primary Contact Name: _____ Email: _____

Municipality: _____

Primary Contact Name: _____ Email: _____

Municipality: _____

Primary Contact Name: _____ Email: _____

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: _____ Phone: _____

Federal Tax ID or Social Security #: _____

Note to Town Staff: Redact Social Security # before releasing document

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: _____ Date: _____